

SASOP POSITION STATEMENT

A human resource proposal for public sector psychiatric services

South Africa has pursued a policy of deinstitutionalisation of people with mental illness since the mid-1990s.¹ However, the transfer of people from institutions to the community has not been accompanied by the development of adequate psychiatric services in general hospitals or district clinics.² Even though this violates Chapter III, 8(2) and 8(3) of the Mental Health Care Act No.17 of 2002,³ the NHI White Paper of December 2015 persists in restricting psychiatric services to “mostly specialised facilities designed for care of mentally ill patients” (clause 6.3, point 199). In keeping with this recommendation, no WISN assessment was performed for community based psychiatric care. This gravely limits the care of community dwelling people living with severe mental illness whose conditions, although markedly impairing, are not disruptive enough to access the limited number of hospital beds available.

We believe the lack of community based psychiatric services contributes to poor care outcomes such as lengthy hospitalisation, repeated admissions and high mortality and morbidity rates. It prevents community based education and training of medical, psychology and occupational therapy students and interns. It also limits specialist support of integrated primary mental health care for people with less severe illness.

In this statement, we put forward a proposal for human resource requirements for psychiatric services in the public health sector. We recognise that the norms and standards referenced in the National Mental Health Policy 4 may not be presently affordable for the Department of Health. We therefore present a modified version – a bare minimum requirement – with a request for implementation in all provinces. Note that:

- The proposal is not based on the degree of unmet need but on consensus agreement of public sector psychiatrists, and brief consultation with psychologists, of what may be a minimal starting point.
- The needs of each province and each district differ. We present a model for a hypothetical district of 1 million people. However, regional priorities mean that this would have to be adapted to each situation.

- University and teaching duties are not included – academic institutions would require additional human resources to those proposed here. The placement of interns would also be additional.
- Infrastructure requirements are not included in this statement.
- Specialised psychiatric hospitals and long-stay facilities are not discussed. However, this statement does not preclude their need. In many provinces, this service level is grossly inadequate despite the heritage of colonial custodial mental health care in South Africa.
- Ongoing monitoring and evaluation of the services are vital so that future adjustments may be made according to specific needs of the population served.